

Round 3: Application Form

Local Government Innovation Fund

Step One: Fill out this Application Form in its entirety.

Step Two: Fill out the online submission form and submit your application materials. All supplemental application materials should be combined into one file for submission.

LGIF: Applicant Profile

Lead Applicant	
Project Name	
Type of Request	
Funding Request	
JobsOhio Region	
Number of Collaborative Partners	

Office of Redevelopment

Website: <http://development.ohio.gov/Urban/LGIF.htm>

Email: LGIF@development.ohio.gov

Phone: 614 | 995 2292

Lead Applicant		Round 3	
Project Name		Type of Request	

Lead Applicant				
Mailing Address:	Address Line 1			
	Address Line 2			
	City	State	Zip Code	
City, Township or Village			Population (2010)	
County			Population (2010)	
Did the lead applicant provide a resolution of support?		Yes (Attached)	No (In Process)	

Project Contact				
Complete the section below with information for the individual to be contacted on matters involving this application.				
	Project Contact		Title	
Mailing Address:	Address Line 1			
	Address Line 2			
	City	State	Zip Code	
Email Address			Phone Number	

Fiscal Officer				
Complete the section below with information for the entity and individual serving as the fiscal agent for the project.				
	Fiscal Officer		Title	
Mailing Address:	Address Line 1			
	Address Line 2			
	City	State	Zip Code	
Email Address			Phone Number	
Is your organization registered in OAKS as a vendor?		Yes	No	

Section 1
Contacts

Lead Applicant		Round 3	
Project Name		Type of	

Single Applicant		
Is your organization applying as a single entity?	Yes	No
Participating Entity: (1 point) for single applicants		

Collaborative Partners		
Does the proposal involve other entities acting as collaborative partners?	Yes	No
<p>Applicants applying with a collaborative partner are required to show proof of the partnership with a partnership agreement signed by each partner and resolutions of support from the governing entities. If the collaborative partner does not have a governing entity, a letter of support from the partnering organization is sufficient. Include these documents in the supporting documents section of the application.</p> <p>In the section below, applicants are required to identify population information and the nature of the partnership.</p> <p>Each collaborative partner should also be clearly and separately identified on pages 4-5.</p>		
Number of Collaborative Partners who signed the partnership agreement, and provided resolutions of support.		
Participating Entity: (5 points) allocated to projects with collaborative partners.		

Population		
The applicant is required to provide information from the 2010 U.S. Census information, available at: http://factfinder2.census.gov/		
Does the applicant (or collaborative partner) represent a city, township or village with a population of less than 20,000 residents?	Yes	No
	List Entity	
	Municipality/Township	Population
Does the applicant (or collaborative partner) represent a county with a population of less than 235,000 residents?	Yes	No
	List Entity	
	County	Population
Population: (3-5 points) determined by the smallest population listed in the application. Applications from (or collaborating with) small communities are preferred.		

Section 2 Collaborative Partners

Lead Applicant		Round 3	
Project Name		Type of Request	

Nature of Partnership (2000 character limit)

As agreed upon in the partnership agreement, please identify the nature of the partnership, and explain how the main applicant and the partners will work together on the proposed project.

Section 2 Collaborative Partners

List of Partners

The applicant applying with collaborative partners (defined in §1.03 of the LGIF Policies) must include the following information for each applicant:

- Name of collaborative partners
- Contact Information
- Population data (derived from the 2010 U.S. Census)

If the project involves more than 12 collaborative partners, additional forms are available on the LGIF website.

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 1					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 2					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 3					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 4					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 Collaborative Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 5					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 6					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 7					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 8					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 Collaborative Partners

Lead Applicant		Round 3		
Project Name		Type of Request		

Collaborative Partners					
Number 9					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 10					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 11					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Collaborative Partners					
Number 12					
Address Line 1		Population			
Address Line 2		Municipality /Township		Population	
City	State	Zip Code	County	Population	
Email Address		Phone Number			
Resolution of Support		Signed Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 Collaborative Partners

Lead Applicant		Round 3	
Project Name		Type of Request	

Identification of the Type of Award	
Targeted Approach	

Project Description (4000 character limit)

Please provide a general description of the project. The information provided will be used for council briefings, program, and marketing materials.

Section 3
Project Information

Lead Applicant		Round 3	
Project Name		Type of Request	

Past Success	Yes	No
Past Success (5 points)		
Provide a summary of past efforts to implement a project to improve efficiency, implement shared services, coproduction, or a merger. (1000 character limit)		

Scalable/Replicable Proposal	Scalable	Replicable	Both
Scalable/Replicable (10 points)			
Provide a summary of how the applicant's proposal can be replicated by other local governments or scaled for the inclusion of other local governments. (1000 character limit)			

Section 3
Project Information

Probability of Success	Yes	No
Probability of Success (5 points)		
Provide a summary of the likelihood of the grant study recommendations being implemented. Applicants requesting a loan should provide a summary of the probability of savings from the loan request. (1000 character limit)		

Lead Applicant		Round 3	
Project Name		Type of Request	

Performance Audit Implementation/Cost Benchmarking	Yes	No
Performance Audit/Benchmarking (5 points)		
If the project is the result of recommendations from a performance audit provided by the Auditor of State under Chapter 117 of the Ohio Revised Code or a cost benchmarking study, please attach a copy with the supporting documents. In the section below, provide a summary of the performance audit or cost benchmarking study. (1000 character limit)		

Economic Impact	Yes	No
Economic Impact (5 points)		
Provide a summary of how the proposal will promote a business environment (through a private business relationship) and/or provide for community attraction. (1000 character limit)		

Section 3
Project Information

Response to Economic Demand	Yes	No
Response to Economic Demand (5 points)		
Provide a summary of how the project responds to substantial changes in economic demand for local or regional government services. The narrative should include a description of the current service level. (1000 character limit)		

Budget Information

General Instructions

- Both the Project Budget and Program Budgets are required to be filled out in this form.
- Consolidate budget information to fit in the form. Additional budget detail may be provided in the budget narrative or in an attachment in Section 5: Supplemental Information.

Project Budget:

- The Project Budget justification must be explained in the Project Budget Narrative section of the application. This section is also used to explain the reasoning behind any items on the budget that are not self explanatory, and provide additional detail about project expenses.
- The Project Budget should be for the period that covers the entire project. The look-back period for in-kind contributions is two (2) years. These contributions are considered a part of the total project costs.
- For the Project Budget, indicate which entity and revenue source will be used to fund each expense. This information will be used to help determine eligible project expenses.
- Please provide documentation of all in-kind match contributions in the supporting documents section. For future in-kind match contributions, supporting documentation will be provided at a later date.

Program Budget:

- Six (6) years of Program Budgets should be provided. The standard submission should include three years previous budgets (actual), and three years of projections including implementation of the proposed project. A second set of three years of projections (one set including implementation of this program, and one set where no shared services occurred) may be provided in lieu of three years previous if this does not apply to the proposed project.
- Please use the Program Budget Narrative section to explain any unusual activities or expenses, and to defend the budget projections. If the budget requires the combining of costs on the budget template, please explain this in the narrative.

Return on Investment:

- A Return on Investment calculation is required, and should reference cost savings, cost avoidance and/or increased revenues indicated in the budget projection sections of the application. Use the space designated for narrative to justify this calculation, using references when appropriate.

For Loan Applications only:

- Using the space provided, outline a loan repayment structure.
- Attach three years prior financial documents related to the financial health of the lead applicant (balance sheet, income statement, and a statement of cash flows).

Lead Applicant		Round 3	
Project Name		Type of Request	

Project Budget

Sources of Funds

LGIF Request:

Cash Match (List Sources Below):

Source:	<input style="width: 100%;" type="text"/>

In-Kind Match (List Sources Below):

Source:	<input style="width: 100%;" type="text"/>
Source:	<input style="width: 100%;" type="text"/>
Source:	<input style="width: 100%;" type="text"/>

Total Match:
Total Sources:

Uses of Funds

	<u>Amount</u>	<u>Revenue Source</u>
Consultant Fees:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Legal Fees:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Total Uses:
Local Match Percentage:

* Please note that this match percentage will be included in your grant/loan agreement and cannot be changed after awards are made.

Local Match Percentage = (Match Amount/Project Cost) * 100 (10% match required)
10-39.99% (1 point) 40-69.99% (3 points) 70% or greater (5 points)

Project Budget Narrative: Use this space to justify expenses (1200 character max).

Section 4 Financial Information

Lead Applicant		Round 3	
Project Name		Type of Request	

Program Budget

Actual ___ Projected ___	FY _____	FY _____	FY _____
Expenses	Amount	Amount	Amount
Salary and Benefits			
Contract Services			
Occupancy (rent, utilities, maintenance)			
Training and Professional Development			
Insurance			
Travel			
Capital and Equipment Expenses			
Supplies, Printing, Copying, and Postage			
Evaluation			
Marketing			
Conferences, meetings, etc.			
Administration			
*Other - _____			
*Other - _____			
*Other - _____			
TOTAL EXPENSES			
Revenues	Revenues	Revenues	Revenues
Contributions, Gifts, Grants, and Earned Revenue			
Local Government: _____			
Local Government: _____			
Local Government: _____			
State Government			
Federal Government			
*Other - _____			
*Other - _____			
*Other - _____			
Membership Income			
Program Service Fees			
Investment Income			
TOTAL REVENUES			

Lead Applicant		Round 3	
Project Name		Type of Request	

Program Budget

Actual ___ Projected ___	FY _____	FY _____	FY _____
Expenses	Amount	Amount	Amount
Salary and Benefits			
Contract Services			
Occupancy (rent, utilities, maintenance)			
Training and Professional Development			
Insurance			
Travel			
Capital and Equipment Expenses			
Supplies, Printing, Copying, and Postage			
Evaluation			
Marketing			
Conferences, meetings, etc.			
Administration			
*Other - _____			
*Other - _____			
*Other - _____			
TOTAL EXPENSES			
	Revenues	Revenues	Revenues
Contributions, Gifts, Grants, and Earned Revenue			
<i>Local Government:</i> _____			
<i>Local Government:</i> _____			
<i>Local Government:</i> _____			
<i>State Government</i>			
<i>Federal Government</i>			
*Other - _____			
*Other - _____			
*Other - _____			
<i>Membership Income</i>			
<i>Program Service Fees</i>			
<i>Investment Income</i>			
TOTAL REVENUES			

Lead Applicant		Round 3
Project Name		Type of Request

Program Budget

Use this space to justify the program budget and/or explain any unusual revenues or expenses (6000 characters max).

Section 4: Financial Information Scoring

- (5 points) Applicant provided complete and accurate budget information and narrative justification for a total of six fiscal years.
- (3 points) Applicant provided complete and accurate budget information and for at least three fiscal years.
- (1 point) Applicant provided complete and accurate budget information for less than three fiscal years.

Lead Applicant		Round 3	
Project Name		Type of Request	

Return On Investment

Return on Investment is a performance measure used to evaluate the efficiency of an investment. To derive the expected return on investment, divide the net gains of the project by the net costs. For these calculations, please use the implementation gains and costs, NOT the project costs (the cost of the feasibility, planning, or management study)--unless the results of this study will lead to direct savings without additional implementation costs. The gains from this project should be derived from the prior and future program budgets provided, and should be justified in the return on investment narrative.

Return on Investment Formulas:

Consider the following questions when determining the appropriate ROI formula for the project. Check the box of the formula used to determine the ROI for the project. These numbers should refer to savings/revenues illustrated in projected budgets.

Do you expect cost savings from efficiency from the project?

Use this formula:
$$\frac{\text{Total \$ Saved}}{\text{Total Program Costs}} * 100 = \text{ROI}$$

Do you expect cost avoidance from the implementation of the project/program?

Use this formula:
$$\frac{\text{Total Cost Avoided}}{\text{Total Program Costs}} * 100 = \text{ROI}$$

Do you expect increased revenues as a result of the project/program?

Use this formula:
$$\frac{\text{Total New Revenue}}{\text{Total Program Costs}} * 100 = \text{ROI}$$

Expected Return on Investment = _____ * 100 = _____

Return on Investment Justification Narrative: In the space below, briefly describe the nature of the expected return on investment, using references when appropriate. (1300 character limit)

Expected Return on Investment is:

Less than 25% (10 points)
25%-74.99% (20 points)
Greater than 75% (30 points)

Questions about how to calculate ROI? Please contact the Office of Redevelopment at 614-995-2292 or lgif@development.ohio.gov

Section 4
Financial Information

Lead Applicant		Round 3	
Project Name		Type of Request	

Loan Repayment Structure

Please outline the preferred loan repayment structure. At a minimum, please include the following: the entities responsible for repayment of the loan, all parties responsible for providing match amounts, and an alternative funding source (in lieu of collateral). Applicants will have two years to complete the project upon execution of the loan agreement, and the repayment period will begin upon the final disbursement of the loan funds. A description of expected savings over the term of the loan may be used as a repayment source.

Section 4
Financial Information

Applicant demonstrates a viable repayment source to support loan award. Secondary source can be in the form of a debt reserve, bank participation, a guarantee from a local entity, or other collateral (i.e. emergency, rainy day, or contingency fund, etc).

Applicant clearly demonstrates a secondary repayment source (5 points)	Applicant does not have a secondary repayment source (0 points)
------------------------------------------------------------------------	-----------------------------------------------------------------

Lead Applicant		Round 3	
Project Name		Type of Request	

Scoring Overview

Section 1: Collaborative Measures

Collaborative Measures	Description	Max Points		Applicant Self Score
Population	Applicant's population (or the population of the area(s) served) falls within one of the listed categories as determined by the U.S. Census Bureau. Population scoring will be determined by the smallest population listed in the application. Applications from (or collaborating with) small communities are preferred.	5		
Participating Entities	Applicant has executed partnership agreements outlining all collaborative partners and participation agreements and has resolutions of support. (Note: Sole applicants only need to provide a resolution of support from its governing entity.	5		

Section 2: Success Measures

Past Success	Applicant has successfully implemented, or is following project guidance from a shared services model, for an efficiency, shared service, coproduction or merger project in the past.	5		
Scalable/Replicable Proposal	Applicant's proposal can be replicated by other local governments or scaled for the inclusion of other local governments.	10		
Probability of Success	Applicant provides a documented need for the project and clearly outlines the likelihood of the need being met.	5		

Section 3: Significance Measures

Performance Audit Implementation/Cost Benchmarking	The project implements a single recommendation from a performance audit provided by the Auditor of State under Chapter 117 of the Ohio Revised Code or is informed by cost benchmarking.	5		
Economic Impact	Applicant demonstrates the project will a promote business environment (i.e., demonstrates a business relationship resulting from the project) and will provide for community attraction (i.e., cost avoidance with respect to taxes)	5		
Response to Economic Demand	The project responds to current substantial changes in economic demand for local or regional government services.	5		

Section 4: Financial Measures

Financial Information	Applicant includes financial information (i.e., service related operating budgets) for the most recent three years and the three year period following the project. The financial information must be directly related to the scope of the project and will be used as the cost basis for determining any savings resulting from the project.	5		
Local Match	Percentage of local matching funds being contributed to the project. This may include in-kind contributions.	5		
Expected Return	Applicant demonstrates as a percentage of savings (i.e., actual savings, increased revenue, or cost avoidance) an expected return. The return must be derived from the applicant's cost basis.	30		
Repayment Structure (Loan Only)	Applicant demonstrates a viable repayment source to support loan award. Secondary source can be in the form of a debt reserve, bank participation, a guarantee from a local entity, or other collateral (i.e., emergency fund, rainy day fund, contingency fund, etc.).	5		

Total Points

6-PACT PARTNERSHIP AGREEMENT

We, the undersigned, commit ourselves to partner together to complete a feasibility study to identify how the health districts we represent can share services to more efficiently and effectively provide public health services to the residents of northwest Ohio.

We will demonstrate our commitment by:

- Working together to prepare and submit a joint application for grant funds from the Ohio Local Government Innovation Fund;
- Sharing health district data regarding operations, services, personnel, and finances, during the application and feasibility study processes;
- Attending leadership meetings to plan, implement, and evaluate the proposed feasibility study;
- Participating fully in all activities proposed as part of the feasibility study;
- Keeping Board of Health members informed of the status of the feasibility study and the resulting recommendations and opportunities for shared services;
- Providing in-kind support from agency staff, including health commissioner/administrator time and mileage expenses, to participate; and
- Openly considering all recommendations resulting from the feasibility study.

Kimberly Moss
Kimberly Moss, MPH, BSN, RN, Health Commissioner
Defiance County General Health District

August 20, 2012
Date

Mike Oricko
Mike Oricko, MSEPH, Health Commissioner
Fulton County General Health District (Combined)

9-22-12
Date

Anne Goon, MS, RD, LD
Anne Goon, MS, RD, LD, Health Commissioner
Henry County General Health District

8-22-12
Date

Williams Edwards
Williams Edwards, RS, BS, Administrator
Paulding County General Health District

8-31-12
Date

Ruth Gerding
Ruth Gerding, MPH, RN, Administrator
Putnam County General Health District

8-22-12
Date

James D. Watkins
James D. Watkins, MPH, RS, Health Commissioner
Williams County General Health District

8-22-12
Date



Paulding County Health Department & WIC

800 East Perry Street
Paulding, Oh 45879
Phone 419-399-3921

Toll Free 1-866-399-3921
WIC Dept. 419-399-2621
Fax: 419-399-3494

Providing Community Health Direction

www.pauldingcountyhealth.com

Email: paulcohd@odh.ohio.gov

Resolution to Support Application for Local Government Innovation Fund Project

The District Board of Health of Paulding County, Ohio, met in regular session on the 31st day of July, 2012, at the offices of the Paulding County Health Department.

Ron Schmidt moved the adoption of the following resolution:

Be it resolved, by the Board of Health of Paulding County, Ohio that a joint application for Local Government Innovation Funds by the Paulding County Board of Health along with the boards of Health from Defiance, Fulton, Henry Putnam and Williams be fully supported. This joint project will offer an opportunity for the agencies to provide, share and expand services and programs.

The Local Government Innovation Fund has been created by the state legislature to provide monies to political subdivisions to create more efficient and effective service delivery mechanisms and promote efficiency, shared services, coproduction, and mergers among local government agencies.

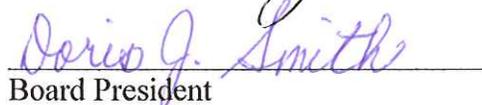
Chris Bercaw seconded the resolution, and the motion passed unanimously resulting in its adoption. The vote resulted as follows:

<u>Joseph Kuhn, D.O.</u>	<u>Yes</u>
<u>Dennis Miller</u>	<u>Yes</u>
<u>Ron Schmidt</u>	<u>Yes</u>
<u>Chris Bercaw</u>	<u>Yes</u>

The District Board of Health of the Paulding County General Health District.


Secretary

July 31, 2012
Date


Board President

July 31, 2012
Date

Resolution 65.12

Support for Application for Local Government Innovation Fund Grant for 6-Pact Local Health Department Feasibility Study

The District Board of Health of Henry County, Ohio, met in regular session on the 8th day of August, 2012, at the offices of the Henry County Health Department.

Dr. Doug Lindsey moved the adoption of the following resolution:

Whereas, the Henry County Board of Health is committed to its vision of Henry County Health Department being a public health leader week that embraces excellence and collaboration to optimize the health of residents of northwest Ohio;

Whereas, the Henry County Board of Health is committed to the mission of improving the quality of life of residents of Henry County and northwest Ohio through health promotion, health education, and disease prevention;

Whereas, the Henry County Board of Health is committed to being a good steward of the financial resources provided by the taxpayers of Henry County through a local health levy supporting the general operations of the Henry County General Health District;

Whereas, the Henry County Board of Health has a long history of successful collaboration with the Boards of Health in Defiance, Fulton, Paulding, Putnam, and Williams County to share resources and efforts to prevent disease, promote optimal health, and protect local residents against injury and illness;

Whereas, the Health Commissioners and Administrators of the Defiance, Fulton, Henry, Paulding, Putnam, and Williams County Health Departments are seeking opportunities to explore additional ways their individual agencies can share services to more efficiently and effectively provide public health services to their residents; and

Whereas, the Local Government Innovation Fund has been created by the Ohio legislature to provide monies to political subdivisions to create more efficient and effective service delivery mechanisms and promote shared services among local government agencies;

Be it resolved, by the District Board of Health of Henry County, Ohio that an application for a Local Government Innovation Fund grant for a 6-Pact Local Health Department Feasibility Study to explore opportunities to expand cross-jurisdictional sharing of public health services be fully supported. The application will be submitted by the Henry County Health Department on behalf of Defiance, Fulton, Henry, Paulding, Putnam, and Williams County Health Departments.

Eric Damman seconded the resolution, and the motion passed unanimously resulting in its adoption. The vote resulted as follows:

Eric Damman
Doug Lindsey, M.D.
Joel Miller
Sharon Miller
Roger Richard
Alice Schwiebert, R.N.
Al Wiederwohl

Yes
Yes
Absent
Yes
Yes
Yes
Yes

The District Board of Health of the Henry County General Health District.

Anne Goon
Secretary

August 8, 2012
Date

Roger Richard
Board President

August 8, 2012
Date

Resolution 37.12

SUPPORT FOR APPLICATION FOR LOCAL GOVERNMENT INNOVATION FUND GRANT FOR 6-PACT LOCAL HEALTH DEPARTMENT FEASIBILITY STUDY

The District Board of Health of Fulton County, Ohio, met in regular session on the 6th day of August, 2012, at the offices of the Fulton County Health Department.

Jane Sauber moved the adoption of the following resolution:

Whereas, the Fulton County Board of Health is committed to its vision of Fulton County Health Department being a public health leader week that embraces excellence and collaboration to optimize the health of residents of northwest Ohio;

Whereas, the Fulton County Board of Health is committed to the mission of improving the quality of life of residents of Fulton County and northwest Ohio through health promotion, health education, and disease prevention;

Whereas, the Fulton County Board of Health is committed to being a good steward of the financial resources provided by the taxpayers of Fulton County through a local health levy supporting the general operations of the Fulton County General Health District;

Whereas, the Fulton County Board of Health has a long history of successful collaboration with the Boards of Health in Defiance, Fulton, Paulding, Putnam, and Williams County to share resources and efforts to prevent disease, promote optimal health, and protect local residents against injury and illness;

Whereas, the Health Commissioners and Administrators of the Defiance, Fulton, Henry, Paulding, Putnam, and Williams County Health Departments are seeking opportunities to explore additional ways their individual agencies can share services to more efficiently and effectively provide public health services to their residents; and

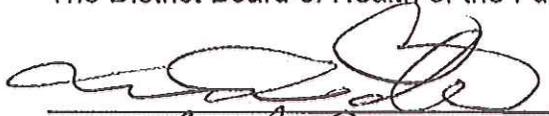
Whereas, the Local Government Innovation Fund has been created by the Ohio legislature to provide monies to political subdivisions to create more efficient and effective service delivery mechanisms and promote shared services among local government agencies;

Be it resolved, by the District Board of Health of Fulton County, Ohio that an application for a Local Government Innovation Fund grant for a 6-Pact Local Health Department Feasibility Study to explore opportunities to expand cross-jurisdictional sharing of public health services be fully supported. The application will be submitted by the Henry County Health Department on behalf of Defiance, Fulton, Henry, Paulding, Putnam, and Williams County Health Departments.

Judy Murtiff seconded the resolution, and the motion passed unanimously resulting in its adoption. The vote resulted as follows:

<u>Dave Nafziger</u>	yes
<u>Denise Heban</u>	yes
<u>Judy Murtiff</u>	yes
<u>Dave Pelok, D.D.S.</u>	absent
<u>Jane Sauber</u>	yes

The District Board of Health of the Fulton County General Health District.



Secretary

Board President

August 6, 2012

August 6, 2012

**SUPPORT APPLICATION FOR
LOCAL GOVERNMENT INNOVATION
FUND PROJECT**

RESOLUTION

The Putnam County Board of Health met in the conference room of the Buckeye Building, Ottawa, Ohio on August 9, 2012, with the following members present:

Raymond E. Brinkman, Jr.
Dr. Mandy Klass
Jeff Hoyt
Jeff Ducey
Gary Hermiller

At this meeting, the Board discussed the adoption of the following Resolution for the County Board of Health.

Mr. Ducey moved the adoption of the following Resolution:

WHEREAS, the Local Government Innovation Fund has been created by the state legislature to provide funds to political subdivision to create more efficient and effective service delivery mechanisms and promote efficiency, shared services, coproduction and mergers among local government agencies and

WHEREAS, this joint project would provide an opportunity for all health districts to explore cross jurisdictional sharing concepts in an effort to enhance public health and organizational efficiencies,

THEREFORE, be it resolved by the Putnam County District Board of Health, that a joint application for Local Government Innovation Funds with the Williams, Fulton, Defiance, Henry, Paulding and Putnam County Health Districts be fully supported.

THEREFORE, be it further resolved, that it is found and determined that all formal actions of this Board concerning and relating to the adoption of this Resolution were so adopted in an open meeting of this Board and that all deliberation of this Board of any of its committees that resulted in such formal action were in meetings open to the public in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

Mr. Hoyt seconded the motion and the roll being called upon its adoption, the vote resulted as follows:

Ray Brinkman, Board President	<i>Mandy Klass m.o.</i>
<i>Jeff Ducey</i> _____, yes	<i>Jeff</i> _____, yes
<i>Raymond E. Brinkman</i> _____, yes	<i>Gary Hermiller</i> _____, yes
Dr. Mary Ann Myers, Secretary _____	<i>Mary Myers, MD</i>

Defiance County General Health District
1300 E. Second Street, Suite 100
Defiance, Ohio 43512

Resolution No.30.2012
August 13, 2012

**SUPPORT APPLICATION FOR LOCAL GOVERNMENT INNOVATION FUND
PROJECT**

The Defiance County District Board of Health met in Regular Session on Monday, August 13, 2012, in Conference Room 1-B of Defiance County East, 1300 E. Second Street, Defiance, Ohio.

Kelly Roach moved the adoption of the following

Resolution

Whereas the Local Government Innovation Fund has been created by the state legislature to provide funds to political subdivisions to create more efficient and effective service delivery mechanisms and promote efficiency, shared services, coproduction, and mergers among local government agencies and

Whereas this joint project would provide an opportunity for all health districts to explore cross jurisdictional sharing concepts in an effort to enhance public health and organizational efficiencies,

Therefore be it resolved by the Defiance County District Board of Health, that a joint application for Local Government Innovation Funds with the Williams, Fulton, Defiance, Henry, Paulding, and Putnam County Health Districts be fully supported.

Therefore be it further resolved, that it is found and determined that all formal actions of this Board concerning and relating to the adoption of this Resolution were so adopted in an open meeting of this Board and that all deliberation of this Board of any of its committees that resulted in such formal action were in meetings open to the public in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

Daniel Michel seconded the motion and the roll being called upon its adoption the vote resulted as follows:

Kelly Roach	yes
Karl Kissner	yes
Daniel Michel	yes
William Richter, M.D.	yes
Colleen Richter	absent

August 13, 2012



Kimberly Moss, Secretary

Resolution 02.12

SUPPORT APPLICATION FOR LOCAL FOR LOCAL GOVERNMENT INNOVATION FUND PROJECT

RESOLUTION

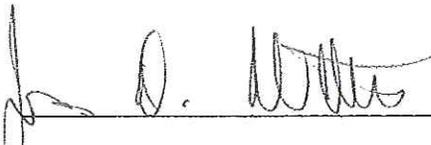
Whereas the Local Government Innovation Fund has been created by state legislature to provide funds to political subdivisions to create more efficient and effective service delivery mechanisms and promote efficiency, shared services, coproduction, and mergers among local government agencies and

Whereas this joint project would provide an opportunity for all health districts to explore cross jurisdictional sharing concepts in an effort to enhance public health and organizational efficiencies,

Therefore be it resolved by the Williams County Combined Board of Health, that a joint application for Local Government Innovation Funds with the Williams, Fulton, Defiance, Henry, Paulding, and Putnam County Health Districts be fully supported.

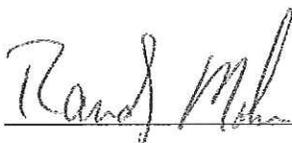
Therefore be it further resolved, that it is found and determined that all formal actions of this Board concerning and relating to the adoption of this Resolution were so adopted in an open meeting of this Board and that all deliberation of this Board of any of its committees that resulted in such formal action were in meetings open to the public in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

the Board of Health of the Williams County Health Department



James D. Watkins, Secretary

8-21-12
Date



Mr. Randy Mohre, President

8-21-2012
Date



Figure 17.

Ohio Minimum Package of Local Public Health Services

Core public health services

All LHDs should be responsible for providing the following services in their district — directly or by contracting with another LHD

- **Environmental health services,*** such as water safety, school inspections, nuisance abatement, and food safety (restaurant and grocery store inspections)
- **Communicable disease control,** vaccination capacity, and quarantine authority*
- **Epidemiology** services for communicable disease outbreaks and trending* and disease prevalence and morbidity/mortality reporting*
- **Access to birth and death records**
- **Health promotion and prevention** (health education* and policy, systems, and environmental change)
 - Chronic disease prevention (including tobacco, physical activity, nutrition)
 - Injury prevention
 - Infant mortality/preterm birth prevention
- **Emergency preparedness,** response, and ensuring safety of an area after a disaster
- **Linking people to health services** to make sure they receive needed medical care*
- **Community engagement,** community health assessment and improvement planning, and partnerships

*Service mandated by state of Ohio (ORC, OAC) (Note: Ohio law mandates several specific services related to environmental health and communicable diseases. Not all are listed here. See Appendix D for complete list.)

Other public health services

(Varies by community need as determined by Community Health Assessments) LHDs play a role in assuring that these services are provided in their community — either by local public health or other organization(s), including health care providers and other government agencies

- **Clinical preventive and primary care services**
 - Immunizations
 - Medical and dental clinics (primary care)
 - Care coordination and navigation
 - Reproductive and sexual health services (including STD testing, contact tracing, diagnosis, and treatment)

Specific maternal and child health programs, such as

- WIC (Women Infants and Children) nutrition program
- Help Me Grow home visiting program (HMG)
- Bureau for Children with Medical Handicaps program (BCM/H)

Non-mandated environmental health services, such as

- Lead screening, radon testing, residential plumbing inspections, etc.

Other-optional depending on community need and other available providers

- Home health, hospice care, home visiting programs (other than HMG)
- School nurses; Drug and alcohol use prevention; Behavioral health
- Municipal ordinance enforcement

Foundational Capabilities

All LHDs should have access to the following skills and resources. Access can occur through cross-jurisdictional sharing.

Quality assurance

- Accreditation
- Quality improvement and program evaluation
- Identification of evidence-based practices

Information management and analysis

- Data analysis expertise for surveillance, epidemiology, community health assessment, performance management, and research
- Information technology infrastructure
- Interface with health information technology

Policy development

- Policy analysis and planning
- Expertise for policy, systems, and environmental change strategies

Resource development

- Grant writing expertise and grant seeking support
- Workforce development (training, certification, recruitment)
- Service reimbursement, contracting, and fee collection infrastructure (interface with third party payers)

Legal support

- Specialized consultation and analysis on public health law

Laboratory capacity

- Environmental health lab
- Clinical lab services (as appropriate)

Support and expertise for LHD community engagement strategies

- Community and governing entity engagement, convening and planning
- Public information, marketing, and communications
- Community health assessment and improvement planning
- Partnerships to address socio-economic factors and health equity